

03/08/02 1132 U.S. PTO

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	38005-0164
First Inventor	Volkmar WEHNER et al.
Title	BIS(TRIFLUOROMETHYL)HYDANTOINS AS INTERMEDIATES FOR PHARMACEUTICALLY ACTIVE INGREDIENTS
Express Mail Label No.	

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
---	--


<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</div> <div>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 40] (preferred arrangement set forth below)<ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></div> <div>4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets ]</div> <div>5. Oath or Declaration [Total Pages 4]<ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Unexecuted (original)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>	<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul></li><li>c. <input type="checkbox"/> Statements verifying identity of above copies</li></ul></div>
---	--

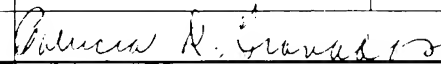
<b>ACCOMPANYING APPLICATIONS PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____
Prior application information: Examiner _____			Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>17. CORRESPONDENCE ADDRESS</b>						
<input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below						
(Insert Customer No. or Attach bar code label here)						
Name	HELLER EHRMAN WHITE & MCAULIFFE PATENT TRADEMARK OFFICE					
Address	1666 K Street, N.W. Suite 300					
City	Washington	State	D.C.	Zip Code	20006	
Country	United States	Telephone	202-912-2000	Fax	202-912-2020	

Name (Print/Type)	Patricia D. Granados	Registration No. (Attorney/Agent)	33,683
Signature		Date	March 8, 2002

11017 U.S. PTO  
10/092889  
03/08/02

1132 U.S. PTO  
03/08/02

PTO/SB/17 (10-01)

Approved for use through 10/31/2002 OMB 0651-0032  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$ 740

Application Number	Unassigned
Filing Date	March 8, 2002
First Named Inventor	Volkmar WEHNER et al.
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No	38005-0164

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to</p> <p>Deposit Account Number: 08-1641</p> <p>Deposit Account Name: HELLER EHRMAN WHITE &amp; MCAULIFFE LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																																
105	130	205	65																																																																																																																																																	
127	50	227	25																																																																																																																																																	
139	130	139	130																																																																																																																																																	
147	2,520	147	2,520																																																																																																																																																	
112	920*	112	920*																																																																																																																																																	
113	1,840*	113	1,840*																																																																																																																																																	
115	110	215	55																																																																																																																																																	
116	400	216	200																																																																																																																																																	
117	920	217	460																																																																																																																																																	
118	1,440	218	720																																																																																																																																																	
128	1,960	228	980																																																																																																																																																	
119	320	219	160																																																																																																																																																	
120	320	220	160																																																																																																																																																	
121	280	221	140																																																																																																																																																	
138	1,510	138	1,510																																																																																																																																																	
140	110	240	55																																																																																																																																																	
141	1,280	241	640																																																																																																																																																	
142	1,280	242	640																																																																																																																																																	
143	460	243	230																																																																																																																																																	
144	620	244	310																																																																																																																																																	
122	130	122	130																																																																																																																																																	
123	50	123	50																																																																																																																																																	
126	180	126	180																																																																																																																																																	
581	40	581	40																																																																																																																																																	
146	740	246	370																																																																																																																																																	
149	740	249	370																																																																																																																																																	
179	740	279	370																																																																																																																																																	
169	900	169	900																																																																																																																																																	
<p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>																																																																																																																																																				
<p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$ 740)</b></td></tr> </tbody> </table>		Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee	740	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					<b>(\$ 740)</b>																																																																																																									
Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																															
101	740	201	370	Utility filing fee	740																																																																																																																																															
106	330	206	165	Design filing fee																																																																																																																																																
107	510	207	255	Plant filing fee																																																																																																																																																
108	740	208	370	Reissue filing fee																																																																																																																																																
114	160	214	80	Provisional filing fee																																																																																																																																																
<b>SUBTOTAL (1)</b>					<b>(\$ 740)</b>																																																																																																																																															
<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>15 -20 ** =</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Independent Claims 1 -3 ** =</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Total Claims	Extra Claims	Fee from below	Fee Paid	15 -20 ** =	0	0	0	Independent Claims 1 -3 ** =	0	0	0	Multiple Dependent		0	0																																																																																																																																			
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																																	
15 -20 ** =	0	0	0																																																																																																																																																	
Independent Claims 1 -3 ** =	0	0	0																																																																																																																																																	
Multiple Dependent		0	0																																																																																																																																																	
<table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$ 0)</b></td></tr> </tbody> </table>		Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					<b>(\$ 0)</b>																																																																																																									
Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																															
103	18	203	9	Claims in excess of 20																																																																																																																																																
102	84	202	42	Independent claims in excess of 3																																																																																																																																																
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																
<b>SUBTOTAL (2)</b>					<b>(\$ 0)</b>																																																																																																																																															
<p>**or number previously paid, if greater; For Reissues, see above</p>		<p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid</p> <p><b>SUBTOTAL (3)</b> (\$ 0</p>																																																																																																																																																		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Patricia D. Granados	Registration No. Attorney/Agent)	33,683
Signature	<i>Patricia D. Granados</i>	Telephone	(202) 912-2142
		Date	March 8, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2002



26633

PATENT TRADEMARK OFFICE